

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549989
Solicitation Title: Refrigeration Equipment - Maintenance and Repair - DOC

Bid Proposal Submission
Deadline Date & Time: 2/1/2015 2:30pm

RIVIP Vendor ID #: 29418
Bidder Name: Arden Engineering Constructors, LLC
Address: 505 Narragansett Park Dr.

Pawtucket, RI 02861
USA

Telephone: 401-727-3500
Fax: 401-312-0092
Contact Name: Jeff Potter
Contact Title: Director Service Operations
Contact Email: jpotter@ardeneng.com

SECTION 2 — DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

[illegible]

BIDDER

Date: 11/18/15

Aaden Engineering Constructors, LLC
Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bladder



Request for Quote

Page 1 of 4

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 22-OCT-15

BID NUMBER: 7549989

TITLE: Refrigeration Equipment-Maintenance & Repairs-DOC

BLANKET START : 01-JAN-16

BLANKET END : 31-DEC-20

BID CLOSING DATE AND TIME: 18-NOV-2015 11:30:00

BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
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DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Requisition Number: 1428294

Line	Description	Quantity	Unit	Unit Price	Total
1	Blanket Requirement: January 1, 2016 - December 31, 2020. DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE AT WWW.PURCHASING.RI.GOV 1/1/16 - 6/30/16 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN	1,040.00	Each	\$133.00	\$138,320.00
2	7/1/16 - 6/30/17 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN	2,080.00	Each	\$138.00	\$287,704.00
3	7/1/17 - 6/30/18 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN	2,080.00	Each	\$143.00	\$294,440.00
4	7/1/19 - 6/30/20 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN	2,080.00	Each	\$156.00	\$324,480.00
5	7/1/20 - 12/31/20 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN	1,040.00	Each	\$162.00	\$168,480.00
6	1/1/16 - 6/30/16 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	1,040.00	Hour	\$179.00	\$186,160.00
7	7/1/16 - 6/30/17 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	2,080.00	Hour	\$186.00	\$386,880.00
8	7/1/17 - 6/30/18 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	2,080.00	Hour	\$193.00	\$401,440.00

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



Request for Quote

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE: 22-OCT-15

BID NUMBER: 7549989

TITLE: Refrigeration Equipment-Maintenance & Repairs-DOC

BLANKET START : 01-JAN-16

BLANKET END : 31-DEC-20

BID CLOSING DATE AND TIME: 18-NOV-2015 11:30:00

BUYER: Ohara 2nd, John F
PHONE #: 401-674-8125

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

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DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Regulation Number: 1428294

Line	Description	Quantity	Unit	Unit Price	Total
9	7/1/18 - 6/30/19 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	2,080.00	Hour	\$200.00	\$416,000.00
10	7/1/19 - 6/30/20 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	2,080.00	Hour	\$207.00	\$430,560.00
11	7/1/20- 12/31/20 OVERTIME LABOR RATE ON SITE FOR REFRIGERATION TECHNICIAN	1,040.00	Hour	\$214.00	\$222,560.00
12	1/1/16 - 6/30/16 LABOR RATE FOR ON SITE ELECTRICIAN	1,040.00	Hour	\$133.00	\$138,320.00
13	7/1/16 - 6/30/17 LABOR RATE FOR ON SITE ELECTRICIAN	2,080.00	Hour	\$138.00	\$287,040.00
14	7/1/17 - 6/30/18 LABOR RATE FOR ON SITE ELECTRICIAN	2,080.00	Hour	\$143.00	\$294,440.00
15	7/1/18 - 6/30/19 LABOR RATE FOR ON SITE ELECTRICIAN	2,080.00	Hour	\$150.00	\$312,000.00
16	7/1/19 - 6/30/20 LABOR RATE FOR ON SITE ELECTRICIAN	2,080.00	Hour	\$156.00	\$324,480.00
17	7/1/20- 12/31/20 LABOR RATE FOR ON SITE ELECTRICIAN	1,040.00	Hour	\$162.00	\$168,480.00
18	1/1/16 - 6/30/16 OVERTIME RATE FOR ON SITE ELECTRICIAN	104.00	Hour	\$179.00	\$18,616.00
19	7/1/16 - 6/30/17 OVERTIME RATE FOR ON SITE ELECTRICIAN	208.00	Hour	\$186.00	\$38,688.00
20	7/1/17 - 6/30/18 OVERTIME RATE FOR ON SITE ELECTRICIAN	208.00	Hour	\$193.00	\$40,144.00
21	7/1/18 - 6/30/19 OVERTIME RATE FOR ON SITE ELECTRICIAN	208.00	Hour	\$200.00	\$41,600.00
22	7/1/19 - 6/30/20 OVERTIME RATE FOR ON SITE ELECTRICIAN	208.00	Hour	\$207.00	\$43,056.00

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Request for Quote

Page 3 of 4

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 22-OCT-16

BID NUMBER: 7549989

TITLE: Refrigeration Equipment-Maintenance &
Repairs-DOC

BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

BLANKET START : 01-JAN-16

BLANKET END : 31-DEC-20

BID CLOSING DATE AND TIME: 18-NOV-2015 11:30:00

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

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DOC CDC WAREHOUSE
ATTN: (SEE 'ATTN' line in PO)
25 POWER ROAD
CRANSTON, RI 02920
US

Requisition Number: 1428294

Line	Description	Quantity	Unit	Unit Price	Total
23	7/1/20 - 12/31/20 OVERTIME RATE FOR ON SITE ELECTRICIAN	104.00	Hour	\$214.00	\$22,256.00
24	7/1/18 - 6/30/19 REGULAR LABOR RATE FOR ON SITE REFRIGERATION TECHNICIAN PROVIDE 24-HOUR, 7 DAYS PER WEEK SERVICE AND REPAIRS TO REFRIGERATION EQUIPMENT FOR ALL BUILDINGS LOCATED AT THE DEPARTMENT OF CORRECTIONS TO INCLUDE AIR CONDITIONING REPAIR SERVICE. INSTALLATION, SERVICE, REPAIRS AND PARTS TO NEW AND EXISTING EQUIPMENT TO INCLUDE AIR CONDITIONING EQUIPMENT AND CHILLER WATER SYSTEMS. FIRM MUST HAVE MASTER MECHANICAL AND RI REFRIGERATION LICENSES (ALL LICENSES TO BE ATTACHED TO BID DOCUMENT) SERVICE AND REPAIR TO ORIGINATE FROM AGENCY ONLY. ALL INVOICES/WORK SLIPS ARE TO BE SIGNED BY MAINTENANCE PERSONEL IN CHARGE OF THE FACILITY WHERE THE WORK IS BEING PERFORMED, VENDOR TO SIGN IN/OUT WITHIN THE FACILITIES & MAINTENANCE OFFICE IN ACCORDANCE WITH ATTACHED POLICY #9 40-3. VENDOR TO RESPOND WITHIN 1-HOUR OF NOTIFICATION OF PROBLEM. THE AGENCY RESERVES THE RIGHT TO ACQUIRE PARTS AND PROVIDE LABOR WHERE POSSIBLE.	1,040.00	Hour	\$150.00	\$156,000.00

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**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Arden Building Companies, LLC	
2 Business name/disregarded entity name, if different from above Arden Engineering Constructors, LLC	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) > <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) 505 Narragansett Park Drive	Requester's name and address (optional)
6 City, state, and ZIP code Pawtucket, RI 02881	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
2	0	-	5	1	2	6	7	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person Jacqueline M Benoit	Date 9-17-15
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Capacity Coverage Company One International Blvd. 3rd Floor Mahwah NJ 07495	CONTACT NAME: Paula Moscetti PHONE (A/C, No, Ext): 201-661-2397 FAX (A/C, No): 201-661-7360 E-MAIL: mleschhorn@capcoverage.com ADDRESS: mleschhorn@capcoverage.com												
INSURED Arden Engineering Constructors LLC 505 Narragansett Park Drive Pawtucket RI 02861	INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Travelers Indemnity Co of America</td><td>NAIC # 25666</td></tr><tr><td>INSURER B: National Union Fire Co. of Pittsbur</td><td></td></tr><tr><td>INSURER C: Phoenix Insurance Co</td><td>25623</td></tr><tr><td>INSURER D: Charter Oak Fire Ins. Co.</td><td>25615</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Travelers Indemnity Co of America	NAIC # 25666	INSURER B: National Union Fire Co. of Pittsbur		INSURER C: Phoenix Insurance Co	25623	INSURER D: Charter Oak Fire Ins. Co.	25615	INSURER E:		INSURER F:	
INSURER A: Travelers Indemnity Co of America	NAIC # 25666												
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INSURER C: Phoenix Insurance Co	25623												
INSURER D: Charter Oak Fire Ins. Co.	25615												
INSURER E:													
INSURER F:													

COVERAGES

CERTIFICATE NUMBER: 1423719679

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	VTNCO2400A489PHX15	4/18/2015	4/18/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	VTHCAP2399A437TIA15	4/18/2015	4/18/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$10,000	Y	Y	066894913	4/18/2015	4/18/2016	EACH OCCURRENCE \$11,000,000 AGGREGATE \$11,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	VT0UB2400A47715	4/18/2015	4/18/2016	<input checked="" type="checkbox"/> NO STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

re: project name and no. Listed below are additional insureds under general liability and auto liability as respects the operations and completed operations of the named insured, where required by written contract and per policy terms and conditions. General liability and auto liability is primary and non-contributory where required by written contract. General liability, auto liability and workers compensation includes waivers of subrogation in favor of the additional insureds where required by written contract. General liability and workers compensation exclude any consolidated Insurance Program (CIP) including but not limited to an Owner Controlled Program (OCIP) Contractor Controlled Insurance Program (CCIP), Wrap up or similar program that any insured is an enrolled contractor of any tier.

CERTIFICATE HOLDER

CANCELLATION

To Whom it May concern

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

HA